2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P0300029076 1. Entity Name MI EXCLUSIVE PROPERTIES, INC.					. 04-29-2004 90361 033 ***158.75				
Principal Place	e of Business	Mailing Address			44040368				
8363 PINES BLVD		8363 PINES BLVD		22010000					
PEMBROKE PINES, FL 33024		PEMBROKE PINES, FL 33024							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Number	619760		<u> </u>	plied For t Applicable
Zip	Country	Zip	Coun	try		f Status Desired		8.75 Add	itional
	6. Name and Address of Current	Registered Agent	L 		7. Name and A	ddress of New Re			<u> </u>
		Name							
AICARDI, MARIELA 8363 PINES BLVD PEMBROKE PINES, FL 33024				Street Address (P.O. Box Number is Not Acceptable)					
PEWBRON	NE PINES, FL 33024								
				City			FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent.									and accept
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFIC	ERS AND	DIRECTORS	S IN 11
TITLE	DPT CATALINA	☐ Delete	TITL	1				☐ Change	☐ Addition
NAME STREET AODRESS	SOLANO, CATALINA 8363 PINES BLVD		NAM STRI	EET ADDRESS					
CITY-ST-ZIP '	PEMBROKE PINES, FL 33024		1	-ST-ZIP					
TITLE	DVS	☐ Delete	TITL	E				☐ Change	Addition
NAME	· AICARDI, MARIELA		NAM	1					
STREET ADDRESS CITY-ST-ZIP	8363 PINES BLVD PEMBROKE PINES, FL 33024			EET AODRESS '- ST- ZIP					
TITLE	1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Delete	TITL					☐ Change	☐ Addition
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NAME		Oelete	TITL	_				☐ Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY - ST - ZIP				-ST-ZIP					
TITLE NAME		☐ Delete	TITL	i				☐ Change	☐ Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			City	- ST- ZIP					
TITLE		☐ Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS			NAN STD	ie Eet address					
CITY-ST-ZIP				-ST-ZIP					
12. I hereby	certify that the information supplied with on this report or supplemental report is	n this filing does not qualify for s true and accurate and that i	r the exe	emption stated in S ture shall have the	ection 119.07(3)(i) same legal effect	, Florida Statutes. I i	further cert	fy that the ir	or director

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

maile Ciand

4-28-04

04/28/2004

Daytime Phone #